

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018597	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		1					54					
5		1					55					
6	1						56					
7		1					57					
8		2					58					
9		1					59					
10		1					60					
11	1						61					
12	1						62					
13		1					63					
14		2					64					
15		2					65					
16		1					66					
17		0					67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	17						TOTAL DEP.					
TOTAL CLAIMS	21						TOTAL CLAIMS					

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